

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Oct. 20, 2020 Case Number: 21-49

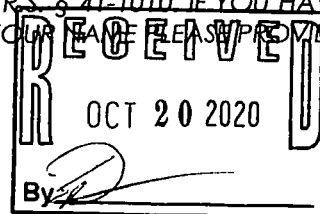
**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Kyle Norman DVM  
Premise Name: Blue Ridge Veterinary Hospital  
Premise Address: 712 W. White Mountain Blvd  
City: Lakeside State: AZ Zip Code: 85929  
Telephone: 928-367-5950

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Mamie Degenstein  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. **PATIENT INFORMATION (1):** Degenstein  
Name: Björn Degenstein  
Breed/Species: Labrador Retriever Canine  
Age: 8 Sex: M Color: Black

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Kyle Norman DVM  
712 W. White Mountain Blvd,  
Lakeside, AZ 85929  
PH # : 928 - 367 - 5950

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Trent Degenstein \_\_\_\_\_  
Ryan Melton \_\_\_\_\_  
Trent Degenstein Ph: # \_\_\_\_\_  
Ryan Degenstein Ph: # \_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Marnie Degenstein  
Date: 9/23/20

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Please find attached this section.

—Mamie Degenstein

October 14, 2020

Att: Arizona State Veterinary Medical Examining Board

Complaint Investigation Form: Part: F Allegations and Concerns

Complainant: Mamie Degenstein and my dog Bjorn Degenstein

The source of the premises for my complaint are documented in the American Veterinary Medical Association and its Principles of Veterinary Medical Ethics.

It is the responsibility of the veterinarian for choosing the regimen for their patients. It is his duty to inform the client of the expected results, costs and related risks of each treatment regimen. Dr. Kyle Norman failed to truthfully inform me of the expected results and risks for the surgery.

Instead, he gave me false hope by telling me that if Bjorn "made it through the first ten days after the surgery, he would be out of the woods." I highly respected and trusted Dr. Norman. In the midst of the trauma, fear and dread for Bjorn's welfare, I clung to the veracity of the one person I believed in without doubt.

Dr. Norman made me a promise that in the end proved to be poisonous and devastating to me. If only he could have prepared me and explained that there could be no guarantees. Bjorn meant everything to me and truly gave more joy in my life than anybody or anything. He breached medical ethics

with the emotional damage he inflicted on me. There is no way to quantify or qualify the depth of my love for Bjorn. He always lives in my heart. However, besides the aching gouge sliced through my heart, I accrued a \$6,000 debt to save Bjorn's life. I live on Social Security, on a poverty level of existence. Some might say I was a fool to use a credit card to pay for Bjorn's treatment. That debt, with its 24% interest rate still haunts me. Dr. Norman charged me thousands of dollars for a job he performed with negligence and incompetence. I cannot begin to describe the roller coaster of fear, hope, elation and finally grief to which Dr. Norman subjected to me. His "out of the woods" promise turned into a hideous, ironic joke. His surgery was November 11, 2019. He arose from the "woods" on November 22. Bjorn passed away at 12:50 p.m. on December 20, 2019.

According to the Arizona Board of Veterinary Medicine, this "out of the woods" promise constituted malpractice.

Malpractice, according to the Board can also encompass emotional damage inflicted on the pet's owner. I have PTSD, anxiety disorder and bi-polar disorder. Since Bjorn's death, I have grown more and more depressed. Sometimes I imagine I see him coming up the stairs. Dr. Norman hurt me once more just recently by denying he had ever said the "out of the woods" promise. My husband heard him say that as well. If he felt he had done nothing wrong or inappropriate, why did he lie? He has never apologized to me. He was the only one who

did not sign the sympathy card from the Blue Ridge Animal Hospital.

In the period of time between November 8 2019 and December 20, Dr. Norman failed to follow the directives of the American Veterinary Medical Association. Specifically, he had accepted responsibility or duty of care for Bjorn when he became his patient. He originally examined Bjorn because of excessive vomiting on November 8. He found a mass on Bjorn's intestine which was causing an obstruction and hence the vomiting. He decided Bjorn needed surgery and I gave my permission. At this time, Dr. Norman did not test for the presence of cancer in other parts of the body. Here, his actions fell below the standard of care. Although I am not an expert in the field, common law can be used (sometimes in a jury) to show negligence or malpractice. This doctrine of law is called *res ipsa loquitur*, literally translated as "the thing that speaks for itself". Once Dr. Norman found that first mass, I believe common sense dictated he should have tested to see if it had spread. Had he conducted these tests, and found more cancer, I strongly doubt Bjorn would have had a chance for survival. Even if more surgery could have saved him, I could not have afforded it. I was way over extended in my expenditures with the initial surgery. Instead, Dr. Norman gave me an absolute guarantee that Bjorn, once surviving the first ten days after the surgery would be "out of the woods". The chief point here is that if he had found more cancer, I

would have been unable to pay for more surgery and to my great sorrow, opted not to have that first surgery, feeling that it was hopeless.

Bjorn had surgery on November 11. He vomited a few times on November 22. By this date, according to Dr. Norman's promise, he should have completely recovered. We took Bjorn to see Dr. Norman. Once again he was negligent by not giving reasonable care and testing for cancer. In fact, he offered no plan of care. There is no way to tell how much Bjorn was suffering at this point. Here again, Dr. Norman standard of care did not even reach common knowledge. I know I was undergoing unbearable fear and worry, because I had believed so fervently in the doctor's promises.

At 3 a.m., on December 19, Bjorn vomited and had a grand mal seizure. It was one of the worst experiences I have ever had and I am sure the same was true for Bjorn. Dr. Norman saw him later that morning. He seemed indifferent and resigned to any fate awaiting Bjorn. He failed Bjorn again and did no tests. My daughter-in-law and I took Bjorn out in front of the vet hospital while my husband paid. Bjorn had a bowel movement full of blood. My daughter-in-law Melissa went into the vet and told a receptionist that we needed Dr. Norman to re-examine Bjorn. I waited twenty-five minutes outside with Bjorn. No one came out to help us or to tell us that the doctor would see Bjorn. I could not just take him in because he was

not dog friendly and the lobby was full of animals. So we went home.

On the morning of December 20, Bjorn refused to eat. Then I knew that something was terribly wrong. I felt a sinking despair inside. We took Bjorn to see Dr. Norman. He finally decided to run some tests on Bjorn. We came back and Dr. Norman said Bjorn's spleen was overrun with cancer and bleeding all through his stomach. He had made us wait to hear the terrible truth from November 8 to December 20. I contend that Dr. Norman showed negligence or lacked the competence back on November 8 to do more thorough tests. Had he done so, he could have spared Bjorn and me unspeakable grief. Money is an issue that pales compared to the substandard treatment Dr. Norman rendered. But it is a practical issue and a terrific burden, as I live on a poverty level. He made his horrific announcement saying the situation was hopeless and it was best for Bjorn to be euthanized. Just reliving these terrible days in writing this account has torn me apart inside and also made me angry.

Soon it will be one year since those gruesome days. The statute of limitations on complaints to the Board is four years. I have had many dogs since I was a child. I loved them all. But I never loved any like Bjorn, which means bear in Swedish. I will never forget his plaintive brown eyes, velvety black fur and the times we had together. He always loved me, and never hurt or criticized me. In his way, he told me, "You're



the best!" I was his hero and he was mine. He did not even live to see his ninth birthday.

I would have done anything to save his life. I regret that Dr. Norman did not do the same. When I begged him for help when Bjorn bled into his bowel movements, he could not be bothered to help him. He breached the ethical standards of veterinary medicine by failing to give him reasonable care. He was absolutely careless by not testing for spread or existence of new cancer. These actions speak to a lapse of common knowledge. He made Bjorn suffer for nothing. Legally, he is also responsible for emotionally devastating me, as Bjorn's mother. I just wish Dr. Norman had cared. I am deeply in debt now for the treatment rendered by Dr. Norman. He can never repay Bjorn or me for the suffering he inflicted last winter. But I believe it is just that he reimburse me \$5000 for mistakes he made, his negligence and failure to give reasonable care to his patient Bjorn.

Sincerely,

Mamie Degenstein

21-49

# Respondent response

11/5/2019

Bjorn presented for vomiting several times at home after eating. On examination Bjorn was a very hyper and excited lab. The owner, Mamie Degenstein, reported that Bjorn ate very fast. My first suspicion was that Bjorn was eating too fast and simply vomiting because of that. I talked with Mamie about ways to slow down Bjorn when he was eating. I recommended a slow feed bowl or simply spreading his food out on the ground, so he had to walk around and pick it up. Mamie was agreeable with this plan. I told Mamie to come back if the problem persisted.

11/6/2019

Bjorn presented again for vomiting and now decreased energy level. Mamie agreed to blood work and a barium study. The blood work showed elevated red blood cell values which made sense with the vomiting. The barium study showed no distinct obstruction, but the barium remained in the stomach longer than expected. Bjorn was given a small amount of kibble and the barium passed from the stomach and Bjorn did not vomit. I sent home A/d canned dog food, omeprazole, metoclopramide, and gave Bjorn a dose of pyrantel. I talked to Mamie about abdominal exploratory surgery if his condition did not improve. I again told Mamie to come back if vomiting continued.

11/7/2019

Bjorn presented for continued vomiting and lethargy. I talked to Mamie and it was agreed that Bjorn needed an abdominal exploratory surgery to diagnose the problem. During surgery it was discovered that Bjorn had a large thickening of the pylorus. Mamie was called during surgery and given the options for referral or euthanasia because pyloric thickening like this could be neoplastic. Mamie wanted to know what the best option was, and I told her referral would be the best option for surgical correction of the pylorus. Mamie agreed to explore her options for surgery at a referral clinic.

Bjorn then had his abdominal incision closed and he was recovered from anesthesia. A specialty clinic was contacted and a quote for close to \$10,000 was given for the pyloric resection and anastomosis. After talking with Mamie and giving her the options, Mamie said she could not go for referral due to cost. Mamie asked me if there was anything I could do here at the clinic. I said that we could try to do the surgery here knowing that I have not done a pyloric resection and anastomosis before. I talked to Mamie about the risks of doing this surgery and the possibility that Bjorn may not make it. Mamie agreed to surgery asking that we do whatever we could to try to save Bjorn. Mamie also asked that we try to keep the cost down as much as we could.

11/11/2019

The pyloric resection and anastomosis was performed successfully. I talked with Mamie after surgery about how the first 10 days were the most critical due to the risk of dehiscence at the anastomosis site. Mamie understood and was very grateful for what we were able to do for Bjorn. Bjorn recovered well from surgery and started to eat the next day. I went over discharge instructions with Mamie and she understood. When Bjorn was discharged, he was back to his normal self.

11/19/2019

Mamie and Bjorn presented for a recheck and Mamie said Bjorn was doing well at home. Mamie had no concerns and Bjorn seemed like a very happy healthy lab. I talked with Mamie about continuing to keep Bjorn quiet until his incision was completely healed.

11/22/2019

Mamie called and said that Bjorn had vomited. I had Mamie come into the clinic so we could check Bjorn over. I talked with Mamie about what had happened. Mamie had increased the amount of food she was feeding, and Bjorn ate the food very fast then vomited. Physical exam findings were within normal limits. I talked to Mamie about not feeding so much at a time and keeping Bjorn from eating his food too quickly. I told Mamie to call me if she had any more issues.

12/2/2019

Mamie presented with Bjorn because he had vomited over the weekend and that morning. Physical exam findings were unremarkable. I talked with Mamie about diagnostics and she agreed that we should take radiographs. No abnormalities were appreciated on abdominal radiographs. I had Mamie leave Bjorn with me all day for observation. I fed Bjorn several times throughout the day with no vomiting and he had a great attitude all day. I talked with Mamie again about how much to feed Bjorn and to have her call me if she had any problems.

12/19/2019

Mamie called my personal cell phone at 3am because Bjorn had a seizure. I had given my number to Mamie so she could call me personally for any emergencies or questions. I talked with Mamie and she said Bjorn was no longer seizing but seemed dazed at first then quickly recovered. I offered to see Bjorn on emergency that night. Mamie decided it could wait until the morning. I agreed to come in and see Bjorn in the morning even though it was my day off. That morning Bjorn was his usual self. Blood work was done, and Mamie and I talked about the blood work and treatments moving forward. We decided to wait on medications because Bjorn looked so good on the physical exam. After the appointment, I left the clinic. While Mamie and Bjorn were leaving the clinic, Bjorn had diarrhea with blood in it. Since I was no longer present at the clinic, I don't know the extent of the blood in the stool or the severity of the diarrhea. The front desk talked to Dr. Howey about it and she contacted me by phone. After talking about the situation, I had Dr. Howey prescribe metronidazole and omeprazole. Dr. Howey also gave subcutaneous fluids and an injection of cerenia.

12/20/2019

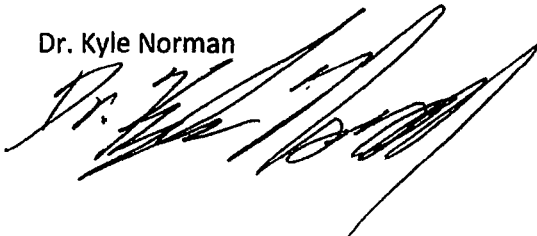
Mamie presented with Bjorn because he did not eat that morning and she was very worried about Bjorn. After talking with Mamie, we decided to do radiographs. On the radiographs, there was a soft tissue fluid opacity obscuring the cranial abdomen. I ultrasounded the abdomen and there was free fluid in the abdomen. I talked to Mamie about what we had found and the possible causes of the fluid, including hemorrhage, exudate, transudate, or urine. The last two being much less likely. I talked to Mamie about needing to do more testing to know what kind of fluid it was and the possibility of needing more surgery if it was a splenic mass or infection in the abdomen. We talked about Bjorn's quality of life and having to put him through more surgeries.

Mamie elected for euthanasia. I told Mamie that I thought that was a fair decision given the situation.

After Bjorn was euthanized Mamie thanked me for everything we had done for Bjorn. I saw Mamie a couple of months later for an appointment with one of her other dogs and she said that she still missed Bjorn but she seemed very happy to see me and we had a good appointment. That was the last that I heard from Mamie until September 5th. Mamie called the office after hours on a weekend, so it rang to the on-call phone. I happened to be on call and answered the phone. I asked what I could do for her. Mamie then told me that she had been disputing the Care Credit charges pertaining to Bjorn. I asked what the problem was and if I could help. Mamie first told me that Care Credit had over billed her for close to \$15,000. That issue had been taken care of by the office manager at the clinic and now she was being billed for the correct amount of \$5,811.41. Mamie then told me that she was still disputing the charges because her and her husband simply could not afford the payments now. Mamie told me that they had lost a renter and they were just not able to make the payments. Mamie told me she was happy with the care that I had provided, and she knew how much I loved Bjorn. Mamie told me that she had not been successful in the dispute over charges with Care Credit and Care Credit had told her to ask the veterinarian to forgive the charges therefore she would not have to pay Care Credit. I told Mamie that I had been unaware of her dispute over charges with Care Credit and that I would talk to the office manager and see what was going on. This ended my conversation with Mamie. I told the front office manager about the conversation on Tuesday (9/8/20) and Jill Stansberry talked to Mamie later that day.

I felt like Mamie and I were on the same page throughout the process in that we were trying our best to save Bjorn but, when he was not doing well euthanasia was the most humane option. Mamie, who loved Bjorn very much, just wanted a chance to prolong his life and is now appearing to be struggling financially. I am deeply disheartened at this situation as I was emotionally attached to client and patient throughout this ordeal.

Dr. Kyle Norman

A handwritten signature in black ink, appearing to read 'Dr. Kyle Norman', with a stylized, cursive script.

**Douglas A. Ducey**  
- Governor -



**Victoria Whitmore**  
- Executive Director -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. Adams Street, Ste. 4600, Phoenix, Arizona 85007  
Phone (602) 364-1-PET (1738) & FAX (602) 364-1039  
[vetboard.az.gov](http://vetboard.az.gov)

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 21-49  
Complainant(s): Mamie Degenstein  
Respondent(s): Kyle Norman, D.V.M. (License: 7332)

**SUMMARY:**

Complaint Received at Board Office: 10/20/20  
Committee Discussion: 5/4/21  
Board IIR: 6/16/21

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On November 7, 2019, Respondent performed exploratory surgery on "Bjorn," an 8-year-old male Labrador Retriever due to continued vomiting and lethargy. The exploratory revealed a large thickening of the pylorus. Respondent contacted Complainant and recommended referral or euthanasia; Complainant elected to explore referral. After getting a surgical quote, Complainant asked Respondent to perform the resection and anastomosis on the dog due to financial constraints.

On November 11, 2019, Respondent performed the surgery on the dog. The dog was discharged the following day.

On November 22, 2019, the dog began vomiting again. Diagnostics did not reveal any abnormalities.

On December 20, 2019, the dog was presented to Respondent for seizing. Diagnostics revealed free fluid in the abdomen. Complainant elected to humanely euthanize the dog.

**Complainant was noticed and did not appear.**  
**Respondent was noticed and appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Mamie Degenstein*
- Respondent(s) narrative/medical record: *Kyle Norman, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On November 5, 2019, the dog was presented to Respondent due to vomiting several times that week after eating breakfast. Upon exam, the dog had a weight = 91.6 pounds, temperature – not taken, moving too much, heart rate = 130bpm, and a respiration rate = panting; BAR. The dog had lenticular sclerosis to both eyes. Complainant reported that the dog ate very fast, therefore Respondent recommended feeding the dog using a slow feed bowl or spreading his food on the ground, so the dog could walk around and eat at a slower pace. The dog was discharged with i/d diet and Complainant was instructed to return if the dog continued to vomit.

2. On November 6, 2019, the dog returned due to continued vomiting. Complainant reported that the dog wants to eat but continues to vomit. Upon exam, the dog had a heart rate = 120bpm and a respiration rate = panting; no weight noted, temperature unable to be taken. Diagnostics were performed including barium study and blood work. Abnormal blood results were:

RBC	8.72	5.5 – 8.5
HCT	62.5	37 – 55
HGB	18.8	12 – 18

3. The barium study revealed: Barium went throughout the intestinal tract without blockage. It stayed in the stomach until kibble was given, then the barium moved out of the stomach. The dog did not vomit and the dog was discharged later that day with a/d, omeprazole and metoclopramide. Respondent also administered the dog a dose of pyrantel (20? – unsure of amount/strength). Complainant was instructed to return if the dog's vomiting continued.

4. On November 7, 2019, the dog was presented to Respondent again for vomiting and lethargy. Complainant reported that the dog was not holding anything down. Respondent discussed options with Complainant – treatment vs abdominal exploratory to look for an obstruction. Complainant elected to move forward with abdominal exploratory.

5. The dog had a weight = 91.8 pounds. No other vitals noted and all systems were marked normal. An in-house cPL and parvo test were performed; results were negative. An IV catheter was placed and fluids were initiated (type unknown). The dog was pre-medicated by acepromazine and hydromorphone (route unknown), induced with ketamine, valium and propofol IV, and maintained on isoflurane. Respondent opened the dog and no obstructions were found in the small intestines; the stomach was opened, suction was used to empty the stomach and a large firm swelling was palpated at the pylorus of the stomach. Attempts were made to pass the suction tip through the pylorus into the duodenum – the tip could not be

passed through the pylorus. It was determined that this was the cause of the dog's vomiting. A sterile aspirate of the pylorus was obtained.

6. During surgery, according to Respondent, he contacted Complainant to give her options of referral or euthanasia because pyloric thickening like this could be neoplastic. He explained that referral would be the best option for surgical correction of the pylorus. Complainant agreed to explore her options for surgery at a referral clinic. The dog was closed and recovered from anesthesia.

7. According to the medical record, after speaking with Complainant, it was decided to close the dog and come back to remove the pylorus on Monday. The dog was closed, a bandage was placed and the dog was recovered.

8. The dog was administered Cerenia 30mg (route unknown), Cefazolin 3 grams (route unknown), Atropine 1.5mLs IV, and Carprofen 3.6 (strength and route unknown). The dog was discharged with Cerenia – 160mg, Pervicox – 227mg, Cephalexin 500mg, and a/d diet on November 8, 2019, the day after surgery.

9. Respondent stated in his narrative that he had contacted a surgical referral premises and was quoted close to \$10,000 for a pyloric resection and anastomosis. Complainant advised Respondent that she could not afford the referral surgical quote – Respondent stated that he could try to perform the surgery with the understanding that he has not performed this type of surgery before – he explained the risks, and advised that the dog may not survive. Complainant agreed.

10. On November 11, 2019, the dog was presented to Respondent for pyloric resection and anastomosis. Complainant declined pre-surgical blood work and histopath to keep costs down. Upon exam, the dog had a weight = 92.8 pounds, temperature – unable to take, heart rate = 120bpm and a respiration rate = panting; all systems were noted as normal. An IV catheter was placed and LRS fluids were initiated. The dog was pre-medicated with atropine IV, ace SQ and hydromorphone IM; induced with ketamine, valium and propofol IV; and was maintained on isoflurane. Surgery was performed and was successful according to Respondent. A culture and sensitivity was obtained. The dog recovered uneventfully.

11. The dog was administered Cephazolin 950mg IV; Cerenia 10mg (route unknown); and was hospitalized. Respondent stated that he spoke with Complainant and advised that the first 10 days were most critical due to the risk of dehiscence at the anastomosis site.

12. There was no information documented in the dog's medical records while the dog was hospitalized. Respondent stated in his narrative that the dog started to eat the day after surgery.

13. On November 13, 2019, the dog was discharged with Cephalexin 500mg, Tramadol 50mg,

and Cerenia 160mg.

14. On November 19, 2019, the dog was presented to Respondent for a recheck. Complainant reported that the dog was doing well. Upon exam, the dog had a weight = 83 pounds (11/11/19 wt – 92.8 pounds), a temperature = 100.6 degrees, a heart rate = 120bpm and a respiration rate = panting; all systems were noted as normal. Respondent noted the dog's incision was healing well.

15. On November 22, 2019, the dog was presented to Respondent due to vomiting. According to Respondent, Complainant had increased the amount food she had been giving the dog, the dog ate fast and then vomited. The dog was examined; no weight noted, temperature = 100.1 degrees, a heart rate = 130bpm and a respiration rate = 35rpm; all systems were noted as normal. Respondent felt the dog ate too much and recommended holding off food until the morning. One tablet of cerenia 160mg was administered and the dog was discharged with a/d diet.

16. On December 2, 2019, the dog was presented to Respondent due to vomiting over the weekend. Upon exam, the dog had a temperature = 100.2 degrees, a heart rate = 120bpm, and a respiration rate = 30rpm; no weight noted. Radiographs were performed and no abnormalities were noted. Respondent kept the dog for the day for monitoring – the dog was fed ½ cup of kibble at a time and there was no vomiting throughout the day. The dog was vaccinated and was discharged with one tablet of cerenia – Complainant was instructed to give ½ tablet when needed after vomiting.

17. On December 19, 2019, the dog was presented to Respondent after having a seizure. Respondent examined the dog; no weight was noted, a temperature = 100.1 degrees, a heart rate = 120bpm and a respiration rate = 36rpm. Blood work revealed the following abnormalities:

ALT	194	10 – 125
ALKP	377	23 – 212
HCT	55.8	36.6 – 54.5
HGB	18.6	12.2 – 18.4
RETIC	168.2	10 – 110
WBC	23.14	5.5 – 16.9
NEUT	20.04	2 – 12

18. Respondent recommended monitoring the dog's seizure activity and if the dog has three seizures a month, they will start the dog on Phenobarbital. The dog was discharged.

19. While in the parking lot the dog passed stool with blood in it. Respondent had left for the day therefore his associate treated the dog. The dog was administered SQ fluids and was administered cerenia. The dog was discharged with metronidazole and omeprazole.



20. The following day, the dog returned to Respondent for a recheck. Complainant reported that the dog did not eat that morning. Respondent examined the dog and noted a temperature = 99 degrees, a heart rate = 140bpm, and a respiration rate = 36rpm. Radiographs and an ultrasound were performed; Respondent noted fluid in the abdomen and a soft tissue, fluid opacity in the cranial abdomen – possible mass. Respondent went over the results with Complainant, possible causes and treatments for fluid in the abdomen. He explained that additional diagnostics were needed to determine the type of fluid was present and surgery could be needed if it was due to a splenic mass or infection in the abdomen. Complainant elected to humanely euthanize the dog.

### **COMMITTEE DISCUSSION:**

The Committee discussed that it was unfortunate that they were not able to speak with Complainant. However, based on the information provided as well as Respondent's statements the Committee felt Respondent did the best he could do despite the financial restrictions placed on him by Complainant. They also felt that Respondent was in constant contact with Complainant.

Additionally, the Committee commented that there were some non-compliance issues with Complainant regarding Respondent's recommendations of feeding restrictions/modifications.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL  
9489009000276155131282

June 18, 2021

Kyle Norman, DVM  
ADDRESS ON FILE

### LETTER OF CONCERN – 21-49 - In Re: Kyle Norman, DVM

Dear Dr. Norman:

At its meeting on June 16, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Mamie Degenstein regarding her pet "Bjorn" Degenstein.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to consistently ensure that medical records are complete and contain required information, including the name, amount, and strength of medications administered and dispensed.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,  
FOR THE BOARD

A handwritten signature in black ink, appearing to read "Victoria Whitmore".

Victoria Whitmore  
Executive Director

cc: Mamie Degenstein